



**Lakeridge  
Health**

## **Collection of Acute Respiratory infection (ARI) for Infection Prevention and Control Surveillance and Outbreak Management for Adult Inpatients – Medical Directive**

Manual: Medical Directives & Delegated Controlled Acts

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Cross Reference to: COVID-19 Swabs and Swabbing Technique, Collecting a Combined Oropharyngeal and Mid-Turbinates Swab for COVID-19

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### **Authorizing Prescriber(s)**

All Lakeridge Health (LH) Most Responsible Practitioners (MRP) for the following sections:

- Healthy Aging
- Medicine
- Surgery
- Critical Care
- Emergency Department
- Women's and Children's
- Hemodialysis or Peritoneal Dialysis
- Oncology
- Mental Health
- Transitional Health

### **Authorized to Whom**

Infection Control Professional/Associate or Nurses with the knowledge and judgement to implement this medical directive.

Co-implementers: Nurse and Medical Lab Technologists

### **Patient Description/Population**

Any LH adult admitted patient (18 years of age or older) who meets the criteria listed in the Indications section of this medical directive.

### **Order and/or Procedure**

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The Infection Control Professional/Associate or Nurses will identify patients who meet the inclusion criteria to order an Acute Respiratory Infection (ARI) specimen using the [Order Table Form](#) and complete the specimen collection following the procedure below. Refer to the following to COVID-19 Swabs and Swabbing Technique and Collecting a Combined Oropharyngeal and Mid-Turbinate Swab for COVID-19 for step-by-step guides for sample collection located on OASIS.

- Provide the patient/client/resident and/or substitute decision maker (SDM) with information regarding the indications for testing, ensure the procedure, risks, benefits, side effects and precautions are understood.
- Obtain consent by the patient/client/resident or SDM
- Select the appropriate specimen order using the [Order Table Form](#) and enter the order
- Ensure there are no contraindications to nasopharyngeal testing (see contraindications).
- If contraindications exist to nasopharyngeal swab, consider oropharyngeal or bilateral mid-turbinate swab based on patient/client/resident presentation.
- The nurses will obtain the nasopharyngeal, oropharyngeal or bilateral mid-turbinate swab
- The nurse will ensure the swabs are correctly labelled
- The lab will process the specimen

Results will be communicated to patient/client/resident by the MRP

### **Indications to the Implementation of the Directive**

The directive is to be implemented for patient/client/residents who are deemed at risk for ARI including those:

- Who are deemed at risk for respiratory infection with or without lower respiratory tract involvement, where influenza, SARS-CoV-2 or another transmissible viral respiratory pathogen is suspected.
- Who have an exacerbation of chronic conditions.
- Who have typical or atypical signs or symptoms of infection.
- Admitted patient/clients/residents presenting with no symptoms with indication as per the [Order Table](#)
- High risk COVID-19 exposures and/or those who require testing for diagnosis of asymptomatic infection or clearance from isolation.
- Who are located on units where surveillance testing for SARS-CoV-2 is recommended for outbreaks or outbreak investigations.
- Who require repeat testing for COVID-19 for clearance from isolation and/or transfers to other health care facilities.

### **Contraindications to the Implementation of the Directive**

- Patient/client/resident or SDM does not provide consent for the specimen collection
- Examples of contraindications for a Nasopharyngeal swab would include the following any patient/client resident with recent facial/nasal surgery or trauma within last year, patient/client/residents with anatomical abnormalities, patient/client/residents with acute epistaxis or anything that prevents safe specimen collection for both staff and the patient/client/residents.

## Consent

The Infection Control Professional/Associate and/or Nurses implementing this medical directive must obtain informed consent prior to specimen collection in accordance with *Consent to Treatment – Policy and Procedure*. Prior to any co-implementation of this medical directive, the co-implementer will confirm consent to collect specimen from patient/client/residents as appropriate to the situation.

## Documentation Requirements

The Infection Control Professional/Associate or nurse implementing this directive must ensure the following is documented in the specific order within the patient/client/resident's electronic health record (EHR):

- The order will be signed using the order mode of “per medical directive”
- The name of the Infection Control Professional/Associate or Lakeridge health nurse as the Ordering Provider
- The name of the MRP will be the Authorizing Provider
- The full name of the medical directive will be outlined in the comments section (i.e. Collection of Acute Respiratory Infection (ARI) for Infection Prevention and Control Surveillance and Outbreak Management for Adult Inpatients – Medical Directive

## Review/Evaluation Process

This directive will be reviewed by Infection Prevention and Control (IPAC) every 2 years.

## References

Provincial Infection Diseases Advisory Committee. (2024). Best Practices for the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings. Public Health Ontario. <https://www.publichealthontario.ca/-/media/Documents/A/24/acute-respiratory-infection-transmission.pdf>

\*\*\*This table must **not** be used independently apart from the Medical Directive\*\*\*

**Order Table Form**

<b>Order</b>	<b>Indication</b>	<b>Contraindication</b>	<b>Notes (Optional)</b>
Covid swab panel – Screening asymptomatic or ambulatory	Admitted patients presenting with no symptoms who: <ul style="list-style-type: none"> <li>• Failed IPAC Screening – Triage in EPIC</li> <li>• Are located on units where surveillance testing for SARS-CoV-2 is recommended for outbreaks or outbreak investigations</li> <li>• Require repeat testing for COVID-19 for clearance from isolation</li> <li>• Have had high risk COVID-19 exposures</li> </ul>	Patient/Substitute Decision Maker (SDM) does not provide consent  Recent facial/nasal surgery or trauma within last year, anatomical abnormalities, or acute epistaxis, preventing safe specimen collection, consider oropharyngeal and bilateral mid-turbinate swab based on patient presentation instead.	Document patients who do not give consent or have contraindication or condition that prevents safe specimen collection and consult Infection Prevention and Control (IPAC) Professional/Associate
Covid swab panel – Symptomatic/Failed Screening	Admitted patients who: <ul style="list-style-type: none"> <li>• Failed IPAC Screening – Triage in EPIC</li> <li>• Are deemed at risk for respiratory infection with or without lower respiratory tract involvement, where influenza, SARS-CoV-2 or another transmissible viral respiratory pathogen is suspected.</li> <li>• Have an exacerbation of chronic conditions.</li> <li>• Have typical or atypical signs or symptoms of infection.</li> <li>• Have had high risk COVID-19 exposures and/or who require testing for diagnosis of asymptomatic infection or clearance from isolation.</li> </ul>	Patient/Substitute Decision Maker (SDM) does not provide consent  Recent facial/nasal surgery or trauma within last year, anatomical abnormalities, or acute epistaxis, preventing safe specimen collection, consider oropharyngeal and bilateral mid-turbinate swab based on patient presentation instead.	Document patients who do not give consent or have a contraindication or condition that prevents safe specimen collection and consult IPAC Professional/Associate

